ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		2	7/9/01
FORMALITY REVIEW	TH	1118	8-15-01
RESPONSE FORMALITY REVIEW	M.D.	625	03-05-02

INDEX OF CLAIMS

✓	Rejected		N		Non-elected
=	Allowed		I		Interference
–	(Through numeral)... Canceled		A		Appeal
÷	Restricted		O		Objected

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
	1	✓ ✓ ✓		51			101	
	2	✓ ✓ ✓		52			102	
	3	✓		53			103	
	4	O O O		54			104	
	5	O O O		55			105	
	6	O O O		56			106	
	7	✓ ✓		57			107	
	8	O O O		58			108	
	9	✓ ✓ ✓		59			109	
	10	✓ ✓ ✓		60			110	
	11	✓ ✓ ✓		61			111	
	12	O O O		62			112	
	13	O O O		63			113	
	14	O O O		64			114	
	15	✓ ✓ ✓		65			115	
	16	O O O		66			116	
	17	✓ ✓ ✓		67			117	
	18	✓ ✓ ✓		68			118	
	19	✓		69			119	
	20	O O O		70			120	
	21	O O O		71			121	
	22	O O O		72			122	
	23	✓ ✓ ✓		73			123	
	24	O O O		74			124	
	25	✓ ✓ ✓		75			125	
	26	✓ ✓ ✓		76			126	
	27	✓		77			127	
	28	O O O		78			128	
	29	O O O		79			129	
	30	O O O		80			130	
	31			81			131	
	32			82			132	
	33			83			133	
	34			84			134	
	35			85			135	
	36			86			136	
	37			87			137	
	38			88			138	
	39			89			139	
	40			90			140	
	41			91			141	
	42			92			142	
	43			93			143	
	44			94			144	
	45			95			145	
	46			96			146	
	47			97			147	
	48			98			148	
	49			99			149	
	50			100			150	

If more than 150 claims or 10 actions
staple additional sheet here

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